

## Scholarship Application Intake Form

DATE:				
PRINT NAME:			O N	∕lal€○ Femal
DOB:	¹(xx,	/xx/xxx	x) AGE:	
ADDRESS:				
	Apt	city	state	zip
Applicant Tel#				
Parent Tel#				
Name of College with Add	lress that yo	u were	e accepted	to:
Applicant signature				
Parent signature				
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Dexter Gardiner- Founder The Gardiner Foundation Inc.				

(T) 646-7210011